

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 2  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>ESAFund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00489856	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">M M M</table> / <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">D D D</table> / <table border="1" style="display:inline-table; width:60px; height:20px; text-align:center">Y Y Y Y Y Y</table>	

Full Name of Payee <b>McCarthy Hennings Media, Inc.</b>		Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">11</table> / <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">03</table> / <table border="1" style="display:inline-table; width:60px; height:20px; text-align:center">2016</table>	
Mailing Address 1850 M Street, N.W., #235		Amount <table border="1" style="display:inline-table; width:150px; height:20px; text-align:right">21641.39</table>	
City Washington	State DC	Zip Code 20004	Transaction ID : <b>SE.7194</b>
Purpose of Expenditure media production		Category/ Type	Date of Disbursement or Obligation <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">M M M</table> / <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">D D D</table> / <table border="1" style="display:inline-table; width:60px; height:20px; text-align:center">Y Y Y Y Y Y</table>
Name of Federal Candidate Heck, Joe, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NV</u>
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="display:inline-table; width:150px; height:20px; text-align:right">0.00</table>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>Mentzer Media Services, Inc.</b>		Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">11</table> / <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">03</table> / <table border="1" style="display:inline-table; width:60px; height:20px; text-align:center">2016</table>	
Mailing Address 600 Fairmount Avenue, #306		Amount <table border="1" style="display:inline-table; width:150px; height:20px; text-align:right">268980.00</table>	
City Towson	State MD	Zip Code 21286	Transaction ID : <b>SE.7197</b>
Purpose of Expenditure media placement		Category/ Type	Date of Disbursement or Obligation <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">M M M</table> / <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">D D D</table> / <table border="1" style="display:inline-table; width:60px; height:20px; text-align:center">Y Y Y Y Y Y</table>
Name of Federal Candidate Heck, Joe, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NV</u>
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="display:inline-table; width:150px; height:20px; text-align:right">0.00</table>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<table border="1" style="display:inline-table; width:150px; height:20px; text-align:right">290621.39</table>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<table border="1" style="display:inline-table; width:150px; height:20px; text-align:right"></table>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<table border="1" style="display:inline-table; width:150px; height:20px; text-align:right"></table>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Watkins, Nancy H., , ,

[Electronically Filed]

Date

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Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) <b>ESAFund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00489856	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Mentzer Media Services, Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2016</b>	
Mailing Address <b>600 Fairmount Avenue, #306</b>		Amount <b>1500000.00</b>	
City <b>Towson</b>	State <b>MD</b>	Zip Code <b>21286</b>	Transaction ID : <b>SE.7200</b>
Purpose of Expenditure media placement		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>Heck, Joe, , ,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NV</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure		Category/Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>1500000.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures.....▶	<b>1790621.39</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Watkins, Nancy H., , ,

[Electronically Filed]

Date

MM / DD / YYYY  
**11 / 03 / 2016**

Signature